

STATE OF LOUISIANA
OFFICE OF STATE UNIFORM PAYROLL
REQUEST FOR DIRECT DEPOSIT WAIVER

EMPLOYEE INFORMATION

NAME: _____
ADDRESS: _____
CITY/STATE: _____

AGENCY: _____
PERSONNEL NO.: _____
DAYTIME PHONE: _____

WAIVER STATEMENT

I, _____ hereby request waiver of the requirement for direct deposit of my future paychecks for the following hardship reasons:

- | | |
|---|--|
| <p><input type="checkbox"/> Geographical Barrier</p> <p><input type="checkbox"/> Unable to establish account</p> <p><input type="checkbox"/> International ACH Transaction</p> | <p><input type="checkbox"/> Physical/Mental Disability Barrier</p> <p><input type="checkbox"/> Other</p> |
|---|--|

Please use this space to explain above indicated reason

☐ **Supporting Documentation Attached.**

I understand that if my request for waiver of the payroll direct deposit requirement is approved, my paycheck will be mailed to my current address in the payroll system on payday Friday. If this request is denied, I understand that my paycheck will be held and I will not receive payment until I complete a direct deposit enrollment authorization form and forward to Employee Administration.

Employee Signature

Date

AGENCY PAYROLL/PERSONNEL USE ONLY

I hereby certify that the above reasons and/or supporting documentation meet the requirements for granting a waiver.

☐ **Approved**

☐ **Denied**

Agency Name: _____

Agency AFS Number: _____

Agency/Department Head (print)

Agency/Department Head Signature

Title

Date

OSUP USE ONLY

☐ **Approved**

☐ **Denied**

OSUP/DOA Representative (print)

OSUP/DOA Representative Signature

Title

Date